

**Paperwork Reduction Act Statement:** The information collected on this form is necessary to obtain aircraft re-registration. We estimate that it will take approximately 30 minutes to complete the form. Please note that any agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. **Form Approved, OMB No. 2120-0729**  
"Comments concerning the accuracy of this burden and suggestions for reducing the burden should be directed to the FAA at: 800 Independence Avenue SW, Washington, DC 20591. ATTN: Information Collection Clearance Officer, AES-200"

**DEPARTMENT OF TRANSPORTATION-FEDERAL AVIATION ADMINISTRATION  
AIRCRAFT RE-REGISTRATION APPLICATION**

*FAILURE TO RE-REGISTER WILL RESULT  
IN CANCELLATION OF REGISTRATION  
AND REGISTRATION NUMBER ASSIGNMENT  
(See 14 C.F.R. §§ 47.15(i), 47.40 and 47.41)*

<b>AIRCRAFT REGISTRATION NUMBER</b> <b>N 827AU</b>		<b>SERIAL NUMBER</b> <b>AU-027</b>	
<b>MANUFACTURER</b> <b>AURORA FLIGHT SCIENCES CORP</b>		<b>MODEL</b> <b>GOLDENEYE 50</b>	
<b>DATE OF ISSUANCE</b> <b>05/20/2011</b>	<b>DATE OF EXPIRATION</b> <b>05/31/2014</b>	<b>TYPE OF REGISTRATION</b> <b>CORPORATION</b>	
<b>NAME AND MAILING ADDRESS OF REGISTERED OWNER</b> <b>(If individual, give last name, first name and middle initial)</b> (Owner 1) <u>AURORA FLIGHT SCIENCES CORP</u> (Owner 2) _____ <b>Note:</b> Enter any additional owner names on page two of this document. (Address) <u>9950 WAKEMAN DR</u> (Address) _____ City <u>MANASSAS</u> State <u>VA</u> Zip <u>20110-2702</u> Country <u>UNITED STATES</u> <b>PHYSICAL ADDRESS (REQUIRED WHEN MAILING ADDRESS IS A P.O. BOX OR MAIL DROP)</b> (Address) _____ (Address) _____ City _____ State _____ Zip _____ Country _____		<b>INFORMATION FOR COMPLETION</b> Additional information may be obtained at our web page <a href="http://registry.faa.gov/renewregistration">http://registry.faa.gov/renewregistration</a> or by phone at 866-762-9434. Aircraft Registration Information may be reviewed at : <a href="http://registry.faa.gov/aircraftinquiry">http://registry.faa.gov/aircraftinquiry</a> Please pay fees with a check or money order payable to the Federal Aviation Administration. <b>Signature Requirements for Listed Registration Types:</b> - Individual owner must sign. - Partnership a general partner must sign. - Corporation a corporate officer or managing official must sign. - Limited Liability Co. a member, manager, or officer who is authorized to manage the LLC must sign. - Co-owner each co-owner must sign, continuing as necessary, on page number two. - Government any authorized person may sign. <b>Note: All signatures must be in ink.</b>	
<b>TO RE-REGISTER AIRCRAFT:</b> REVIEW REGISTRATION INFORMATION, ENTER CORRECTIONS IN BLANKS PROVIDED, CHECK APPLICABLE BLOCK BELOW, SIGN, DATE, & MAIL WITH THE \$5 FEE, To: The FAA Aircraft Registration Branch, PO Box 25504, Oklahoma City, OK, 73125-0504. <input checked="" type="radio"/> I (WE) CERTIFY THE: NAME(S) AND MAILING ADDRESS SHOWN ABOVE FOR THE OWNER(S) OF THIS AIRCRAFT ARE CORRECT, OWNERSHIP MEETS CITIZENSHIP REQUIREMENTS OF 14 CFR §47.3, AIRCRAFT IS NOT REGISTERED UNDER THE LAWS OF ANY FOREIGN COUNTRY. <input type="radio"/> UPDATE THE MAILING / PHYSICAL ADDRESS AS SHOWN BELOW. I (WE) CERTIFY THE: NAME(S) SHOWN ABOVE FOR THE OWNER(S) OF THIS AIRCRAFT IS CORRECT, OWNERSHIP MEETS THE CITIZENSHIP REQUIREMENTS OF 14 CFR §47.3, AIRCRAFT IS NOT REGISTERED UNDER THE LAWS OF ANY FOREIGN COUNTRY. <b>MAILING ADDRESS</b> _____ _____ _____ <b>PHYSICAL ADDRESS:</b> COMPLETE IF PHYSICAL ADDRESS HAS CHANGED, OR NEW MAILING ADDRESS IS A PO BOX OR MAIL DROP. _____ _____ _____		<b>TO CANCEL THE REGISTRATION FOR THIS AIRCRAFT:</b> THE LAST REGISTERED OWNER MUST: MARK THE APPLICABLE BLOCK(S), COMPLETE, SIGN, DATE & Mail with any fees to: The FAA Aircraft Registration Branch, PO Box 25504, Oklahoma City, OK, 73125-0504. <b>CANCELLATION OF REGISTRATION IS REQUESTED FOR THE REASON MARKED BELOW,</b> <input type="checkbox"/> <b>1. THE AIRCRAFT WAS SOLD TO:</b> (Show purchaser's name and address) _____ _____ _____ <input type="checkbox"/> <b>2. THE AIRCRAFT IS DESTROYED OR SCRAPPED.</b> <input type="checkbox"/> <b>3. THE AIRCRAFT WAS EXPORTED TO:</b> _____ <input type="checkbox"/> <b>4. OTHER, Specify</b> _____ <input type="checkbox"/> <b>UPON CANCELLATION, PLEASE RESERVE THE N-NUMBER IN OWNERS' NAME.</b> The \$10 check or money order for the N-number reservation fee is enclosed.	
<b>SIGNATURE OF OWNER 1</b> Electronically Certified by Registered Owners	<b>PRINTED NAME OF SIGNER</b>	<b>TITLE</b>	<b>DATE</b> 5/20/2011
<b>SIGNATURE OF OWNER 2</b>	<b>PRINTED NAME OF SIGNER</b>	<b>TITLE</b>	<b>DATE</b>

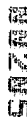
Fee paid: \$5 (201105201225347950NA)



**Note:** Twelve (12) owner names may be entered on this page. If you require more, enter the first 12 names and then print this page by pressing the 'Print Page 2' button below. Next click the 'Reset' button to clear the data fields (from page 2 only) to add more names. Repeat action as needed.

NAME OF OWNER		DATE:
SIGNATURE	PRINTED NAME OF SIGNER	TITLE:
NAME OF OWNER		DATE:
SIGNATURE	PRINTED NAME OF SIGNER	TITLE:
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NAME OF OWNER		DATE:
SIGNATURE	PRINTED NAME OF SIGNER	TITLE:





UNITED STATES OF AMERICA DEPARTMENT OF TRANSPORTATION  
FEDERAL AVIATION ADMINISTRATION-MIKE MONROEY AERONAUTICAL CENTER  
AIRCRAFT REGISTRATION APPLICATION

CERT. ISSUE DATE

UNITED STATES  
REGISTRATION NUMBER

N

827AU

AIRCRAFT MANUFACTURER & MODEL

Aurora Flight Sciences Corporation/

AIRCRAFT SERIAL No.

AU-027

GoldenEye 50

MAY 11 2007

FOR FAA USE ONLY

TYPE OF REGISTRATION (Check one box)

- ☐ 1. Individual ☐ 2. Partnership ☒ 3. Corporation ☐ 4. Co-owner ☐ 5. Gov't. ☐ 6. Non-Citizen Corporation

NAME OF APPLICANT (Person(s) shown on evidence of ownership. If individual, give last name, first name, and middle initial.)

Aurora Flight Sciences Corporation

TELEPHONE NUMBER: (703) 369-3633

ADDRESS (Permanent mailing address for first applicant listed.) (If P.O. BOX is used, physical address must also be shown.)

Number and street: 9950 WAKEMAN DRIVE

Rural Route:

P.O. Box:

CITY

STATE

ZIP CODE

MANASSAS

VA

20110

☐ **CHECK HERE IF YOU ARE ONLY REPORTING A CHANGE OF ADDRESS**  
**ATTENTION! Read the following statement before signing this application.**  
**This portion MUST be completed.**

A false or dishonest answer to any question in this application may be grounds for punishment by fine and / or imprisonment (U.S. Code, Title 18, Sec. 1001).

**CERTIFICATION**

I/WE CERTIFY:

- (1) That the above aircraft is owned by the undersigned applicant, who is a citizen (including corporations) of the United States.

(For voting trust, give name of trustee: \_\_\_\_\_), or:

**CHECK ONE AS APPROPRIATE:**

- a. ☐ A resident alien, with alien registration (Form 1-151 or Form 1-551) No. \_\_\_\_\_
- b. ☐ A non-citizen corporation organized and doing business under the laws of (state) \_\_\_\_\_ and said aircraft is based and primarily used in the United States. Records or flight hours are available for inspection at \_\_\_\_\_

- (2) That the aircraft is not registered under the laws of any foreign country; and

- (3) That legal evidence of ownership is attached or has been filed with the Federal Aviation Administration.

NOTE: If executed for co-ownership all applicants must sign. Use reverse side if necessary.

TYPE OR PRINT NAME BELOW SIGNATURE

EACH PART OF THIS APPLICATION MUST BE SIGNED IN INK.	SIGNATURE <i>Nancy R. Vetere</i>	TITLE <i>UAV Flight Operations Manager</i>	DATE <i>MAY 4, 2007</i>
	SIGNATURE <i>NANCY R. VETERE</i>	TITLE <i>UAV Flight Operations Manager</i>	DATE <i>MAY 4, 2007</i>
	SIGNATURE <i>DAVID M. HILLIS</i>	TITLE <i>UAV Flight Operations Manager</i>	DATE <i>MAY 4, 2007</i>

NOTE Pending receipt of the Certificate of Aircraft Registration, the aircraft may be operated for a period not in excess of 90 days, during which time the PINK copy of this application must be carried in the aircraft.

07 MAY 8 PM 1 12

FILED WITH FAA

FIR

**Paperwork Reduction Act Statement:** The information collected on this form is necessary to ensure applicant eligibility. The information is used to determine that the applicant meets the necessary qualifications as owner of an amateur built aircraft. We estimate that it will take approximately 30 minutes to complete the form. The information collection is required to obtain a benefit. The information collected becomes part of the aircraft registration system. Please note that an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. OMB 2120-0042.

Comments covering the accuracy of this burden and suggestions for reducing the burden should be directed to the FAA at 800 Independence Avenue, NW, Washington, DC 20591. ATTN: Information Collection Clearance Officer, ABA-20.

**AFFIDAVIT OF OWNERSHIP FOR EXPERIMENTAL AIRCRAFT INCLUDING  
AMATEUR-BUILT AIRCRAFT AND OTHER NON-TYPE CERTIFICATED AIRCRAFT**  
(does not include light-sport)

U. S. Identification \_\_\_\_\_

Name of Amateur built builder OR

Name of Non TC'd manufacturer Aurora Flight Sciences Corporation

Model GoldenEye 50 (GE-50) Serial Number AU-027

Class (airplane, rotorcraft, glider, weight shift control, powered-parachute, etc.)

unmanned aerial vehicle

Type of Engine Installed (reciprocating, turbopropeller, 2 or 4 cycle, etc.) Recip 2 cycle single cylinder 50cc

Number of Engines Installed one

Manufacturer, Model and Serial Number of each Engine Installed Desert Aircraft Model DA-50-R

Serial Number: DA5892

Built for Land or Sea Operation land Number of Seats 0

**MUST CHECK ONE**

- ☐ More than 50% of the above-described aircraft was built from miscellaneous parts and I am the owner. (This option is for amateur-built aircraft.)
- ☐ More than 50% of the above-described aircraft was built from a kit (prefabricated parts) and I am the owner. The bill of sale from the kit manufacturer is attached. (This option is for amateur-built aircraft.)
- ☒ I certify that the above-described aircraft is a newly manufactured non-type certificated aircraft and is not currently registered in another country. (This option is for manufacturers only.)
- ☐ I certify that the above-described aircraft is a previously manufactured (used) non-type certificated aircraft and is not currently registered in another country.  
(This option is for owners of previously manufactured aircraft only.)
- ☐ Evidence of ownership from the aircraft manufacturer through any intervening owners is attached (chain of ownership).
- ☐ Unable to obtain complete chain of ownership. Statement as to ownership history and whereabouts of aircraft is attached.

Name of Owner: Aurora Flight Sciences Corporation

Signature of Owner: Nancy R. Vetter Title of Signer (If Appropriate): UAV Flight Ops Manager

Address 9950 Wakeman Drive

City: Manassas State: VA Zip: 20110

Telephone: (703)369-3633

Notary Public:

State of: Virginia

County of:

Manassas

Subscribed and sworn to before me this

17

day of

May

2007

My Commission Expires:

11/31/08

(Signature of Notary Public)



OKLAHOMA CITY  
MAY 1 1967  
FILED WITH PAA  
MAY 1 1967

FH2